

<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1382348 \$100</i>
<i>Company Tracking Number:</i>	<i>03M20A308</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

## Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: HOPS

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI  
Combinations

Filing Type: Rule

SERFF Tr Num: SHEL-125878109

SERFF Status: Closed

Co Tr Num: 03M20A308

Co Status: Approved

Authors: Brian Marcks, Sue  
Burlingame

Date Submitted: 10/29/2008

State: Arkansas

State Tr Num: #1382348 \$100

State Status: Fees verified and  
received

Reviewer(s): Becky Harrington,  
Brittany Yielding

Disposition Date: 10/31/2008

Disposition Status: Filed

Effective Date (New): 12/20/2008

Effective Date (Renewal):  
12/20/2008

Effective Date Requested (New): 01/14/2009

Effective Date Requested (Renewal): 01/14/2009

State Filing Description:

## General Information

Project Name: Lammers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Corresponding Filing Tracking Number:

Filing Description:

Claims surcharge factors were revised. This filing will result in an overall decrease in revenue of 1.0% or \$47,159.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Brian Marcks, Coordinator of Insurance Department Affairs 1817 West Broadway Columbia, MO 65218	BCMarcks@shelterinsurance.com  (573) 214-4165 [Phone] (573) 446-7317[FAX]
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**Filing Company Information**

Shelter Mutual Insurance Company 1817 West Broadway Columbia, MO 65218 (573) 445-8441 ext. [Phone]	CoCode: 23388 Group Code: Group Name: FEIN Number: 43-0613000 -----	State of Domicile: Missouri Company Type: State ID Number:
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<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	10/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1382348	\$100.00	10/23/2008

SERFF Tracking Number:	SHEL-125878109	State:	Arkansas
Filing Company:	Shelter Mutual Insurance Company	State Tracking Number:	#1382348 \$100
Company Tracking Number:	03M20A308		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	HOPS		
Project Name/Number:	Lammers/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/31/2008	10/31/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	10/29/2008	10/29/2008	Brian Marcks	10/29/2008	10/29/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change of effective date	Note To Reviewer	Brian Marcks	10/31/2008	10/31/2008

<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1382348 \$100</i>
<i>Company Tracking Number:</i>	<i>03M20A308</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

## Disposition

Disposition Date: 10/31/2008

Effective Date (New): 12/20/2008

Effective Date (Renewal): 12/20/2008

- Effective Date (New) changed from 01/14/2009 to 12/20/2008 and Effective Date (Renewal) changed from 01/14/2009 to 12/20/2008 by Harrington, Becky on 10/31/2008.

Status: Filed

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Shelter Mutual Insurance Company	-1.000%	\$-47,159	4,099	\$4,888,750	0.000%	-18.900%	1.600%

SERFF Tracking Number: SHEL-125878109 State: Arkansas

Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1382348 \$100

Company Tracking Number: 03M20A308

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: HOPS

Project Name/Number: Lammers/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Explanatory Memorandum	Filed	Yes
Supporting Document	Claims Surcharge Comparison	Filed	Yes
Rate	Manual Page	Filed	Yes

SERFF Tracking Number: SHEL-125878109 State: Arkansas  
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1382348 \$100  
Company Tracking Number: 03M20A308  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: HOPS  
Project Name/Number: Lammers/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/29/2008  
Submitted Date 10/29/2008

Respond By Date

Dear Brian Marcks,

This will acknowledge receipt of the captioned filing.

Objection 1

- Explanatory Memorandum (Supporting Document)

Comment: Provide supporting documentation for the changes in claims surcharges.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/29/2008  
Submitted Date 10/29/2008

Dear Becky Harrington,

### Comments:

### Response 1

Comments: Becky,

Reference is made to your note of today regarding the captioned filing. Following is a response to the question raised in your note.

1. With this filing, claims surcharge factors were either reduced or stayed the same. No factors were increased. The

SERFF Tracking Number: SHEL-125878109 State: Arkansas  
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1382348 \$100  
Company Tracking Number: 03M20A308  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: HOPS  
Project Name/Number: Lammers/

factors were revised to be more in line with competition. Attached is a comparison of our current and proposed factors.

Please let me know if you have questions.

**Related Objection 1**

Applies To:

- Explanatory Memorandum (Supporting Document)

Comment:

Provide supporting documentation for the changes in claims surcharges.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Claims Surcharge Comparison

Comment: Please see attachment.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Brian Marcks, Sue Burlingame



<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>03M20A308</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

**Note To Reviewer**

**Created By:**

Brian Marcks on 10/31/2008 01:33 PM

**Subject:**

Change of effective date

**Comments:**

Becky,

Thank you for your approval of the captioned filing. As we discussed in our telephone conversation this morning, we have revised the effective date for this filing to December 20, 2008. Please let me know if you have questions.

Brian

SERFF Tracking Number: SHEL-125878109  
Filing Company: Shelter Mutual Insurance Company  
Company Tracking Number: 03M20A308  
TOI: 04.0 Homeowners  
Product Name: HOPS  
Project Name/Number: Lammers/

State: Arkansas  
State Tracking Number: #1382348 \$100  
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	14.700%
<b>Effective Date of Last Rate Revision:</b>	08/25/2004
<b>Filing Method of Last Filing:</b>	File and Use

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Shelter Mutual Insurance Company	1.600%	-1.000%	\$-47,159	4,099	\$4,888,750	0.000%	-18.900%

<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1382348 \$100</i>
<i>Company Tracking Number:</i>	<i>03M20A308</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Manual Page	GR-10	Replacement	PS GR Page.pdf

#### 4. PREMIUM ADJUSTMENTS (Cont.)

##### h. Claim Surcharge

A surcharge may apply to a policy based on the policyholder's claims experience. For new business, the surcharge will be determined by the type and number of paid claims **of more than \$250** occurring in the 3-year period immediately preceding the date of the application. For renewal business, the surcharge will be determined, at each renewal, by the type and number of paid claims **of more than \$250** occurring in the 3-year period ending 35 days prior to the renewal effective date.

In determining the surcharge, Earthquake, Medical Payment and Identity Fraud claims will be disregarded. Claims involving a land motor vehicle (not insured, owned or driven by the insured) colliding into the insured's dwelling will also be disregarded. Wind, Hail, Lightning, and Weight of Ice, Sleet, or Snow claims will be considered Weather claims. Per the table below, Weather claims are recorded but not surcharged. All other claims will be considered Non-Weather claims.

**Note: For those policies in force prior to 08-25-2004, only eligible claims that occur on or after 08-25-2004 will be considered when calculating the Claims Surcharge.**

Number of Claims	Non-Weather				
Weather	0	1	2	3	4+
0	0%	15%	50%	85%	85%
1	0%	15%	50%	85%	85%
2	0%	15%	50%	85%	85%
3	0%	15%	50%	85%	85%
4+	0%	15%	50%	85%	85%

<i>SERFF Tracking Number:</i>	<i>SHEL-125878109</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1382348 \$100</i>
<i>Company Tracking Number:</i>	<i>03M20A308</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HOPS</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	H-1 Homeowners Abstract	<b>Review Status:</b>	
		Filed	10/31/2008
<b>Comments:</b>	Please see attachment.		
<b>Attachment:</b>	AR Form H1.pdf		
<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	
		Filed	10/31/2008
<b>Comments:</b>	Please see attachment.		
<b>Attachment:</b>	AR PS RF1.pdf		
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	
		Filed	10/31/2008
<b>Comments:</b>	Please see attachments.		
<b>Attachments:</b>	AR PS Transmittal.pdf AR PS Rate-Rule Filing.pdf		
<b>Satisfied -Name:</b>	Explanatory Memorandum	<b>Review Status:</b>	
		Filed	10/31/2008
<b>Comments:</b>	Please see attachment.		
<b>Attachment:</b>	AR PS Explanatory Memo.pdf		
<b>Satisfied -Name:</b>	Claims Surcharge Comparison	<b>Review Status:</b>	
		Filed	10/31/2008
<b>Comments:</b>			

*SERFF Tracking Number: SHEL-125878109*

*State: Arkansas*

*Filing Company: Shelter Mutual Insurance Company*

*State Tracking Number: #1382348 \$100*

*Company Tracking Number: 03M20A308*

*TOI: 04.0 Homeowners*

*Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations*

*Product Name: HOPS*

*Project Name/Number: Lammers/*

Please see attachment.

**Attachment:**

Claim Surcharge Comparison.pdf



# ARKANSAS INSURANCE DEPARTMENT

## FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Shelter Mutual Insurance Company

NAIC # (including group #) NAIC #23388, Group #123

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.  
Not Applicable
2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.  
Please see additional information attached.
3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.  
Please see additional information attached.
4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.  
Please see additional information attached.

5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	<u>0</u>	%
b. Burglar Alarm	<u>0</u>	%
c. Smoke Alarm	<u>0</u>	%
d. Insured who has both homeowners and auto with your company	<u>20</u>	%
e. Deadbolt Locks	<u>0</u>	%
f. Window or Door Locks	<u>0</u>	%
g. Other (specify) Ultrasonic Home Burglar Alarm	<u>2</u>	%
Complete Home Burglar alarm	<u>5</u>	%
Fire or Burglar alarm reporting to station.	<u>5</u>	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.  
No

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
HO-5	\$ 4,888,750



8. Do you write homeowner risks which have aluminum, steel or vinyl siding? ☒ Yes ☐ No
9. Is there a surcharge on risks with wood heat? Rather than a surcharge, premiums in protection Classes 8Y, 8 and 6N-7N reflect the added exposure due to the use of solid fuel heating. Policyholders in these protection classes who have no type of solid fuel heating devices are given a credit of 15%
- If yes, state the surcharge See above.
- Does the surcharge apply to conventional fire places? No
- If yes, state the surcharge Not Applicable

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Brian Marcks

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Coordinator of Insurance Dept. Affairs

\_\_\_\_\_  
Title

\_\_\_\_\_  
573-214-4165

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
bcmarcks@shelterinsurance.com

\_\_\_\_\_  
Email Address

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

<b>1.</b>	This filing transmittal is part of Company Tracking #	03M20A308
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
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		Company Name	Company NAIC Number	
<b>3.</b>	<b>A.</b>	Shelter Mutual Insurance Company	<b>B.</b>	23388

		Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
<b>4.</b>	<b>A.</b>	Homeowners Platinum Shield	<b>B.</b>	Platinum Shield

<b>5.</b>							
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Platinum Shield	+1.6	-1.0	64.1	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT							

<b>6.</b>				5 Year History				Rate Change History		<b>7.</b>	
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants		Selected Provisions	
2003	41,635	+15.1	4/18/2002	33,759	19,690	58.3	83.6	A. Total Production Expense		18.6	
2004	43,025	+12.9	11/28/2002	36,290	18,129	50.0	52.4	B. General Expense		7.1	
2005	44,567	+3.4	8/25/2004	38,234	15,552	40.7	99.5	C. Taxes, Licenses & Fees		3.0	
2006	45,776	-0.4	04/20/2007	39,653	24,814	62.6	74.8	D. Underwriting Profit & Contingencies		7.2	
2007	46,997			41,234	13,511	32.8	48.6	E. Other (explain)			
								F. TOTAL		35.9	

- 8.** N/A Apply Loss Cost Factors to Future filings? (Y or N)  
**9.** N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): N/A  
**10.** -18.9 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 88

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>		<b>2. Insurance Department Use only</b>				
		a. Date the filing is received:				
		b. Analyst:				
		c. Disposition:				
		d. Date of disposition of the filing:				
		e. Effective date of filing:				
		New Business				
		Renewal Business				
		f. State Filing #:				
g. SERFF Filing #:						
h. Subject Codes						
<b>3. Group Name</b> Shelter Insurance Companies		<b>Group NAIC #</b> 123				
<b>4. Company Name(s)</b> Shelter Mutual Insurance Company	<b>Domicile</b> MO	<b>NAIC #</b> 23388	<b>FEIN #</b> 43-0613000	<b>State #</b>		
<b>5. Company Tracking Number</b> 03M20A308						
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]						
<b>6. Name and address</b> Brian Marcks 1817 West Broadway Columbia, MO. 65218	<b>Title</b> Coordinator of Insurance Dept. Affairs	<b>Telephone #s</b> 573-214-4165	<b>FAX #</b> 573-446-7317	<b>e-mail</b> bcmarcks@shelterinsurance.com		
<b>7. Signature of authorized filer</b>						
<b>8. Please print name of authorized filer</b>		Brian Marcks				
<b>Filing information</b> (see General Instructions for descriptions of these fields)						
<b>9. Type of Insurance (TOI)</b>	04.0					
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0000					
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A					
<b>12. Company Program Title</b> (Marketing title)	Homeowners Platinum Shield					
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)					
<b>14. Effective Date(s) Requested</b>	New: 01/14/2009	Renewal: 01/14/2009				

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	October 29, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03M20A308
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Claim Surcharge factors were revised for one and two Non-Weather claims. The overall change in revenue with this filing is -1.0% for -\$47,159.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b> 1382348  <b>Amount:</b> \$100.00         </div> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**21. Filing Description:** This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

**22. Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03M20A308
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase

☒ Rate Decrease

☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Shelter Mutual Ins.	+1.6	-1.0	-47,159	4,099	4,888,750	0.0	-18.9

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	+14.7%
<b>7.</b>	<b>Effective Date of last rate revision</b>	08/25/2004
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	GR-10	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**These pages are informational only and do not need to be submitted with your filings!**

**Notes for Rate/Rule Filing Transmittal**

**DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE**

**RATE/RULE FILING SCHEDULE**

**1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

**3. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.

**4. Rate Change by Company:** Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
  - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
  - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
  - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

**5a. Overall percentage rate indication (when applicable):** These fields are only to be completed when an actuarial indication is included in the filing submission.

**5b. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.



**5c. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

**5d. Effect of Rate Filing—Number of policyholders affected:** This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

**6. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.

**7. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.

**8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.

**9. Rule # or Page # Submitted for Review:** This is the list of changes to the rate/rule manual.

### **To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**SHELTER MUTUAL INSURANCE COMPANY  
ARKANSAS HOMEOWNERS PLATINUM SHIELD  
Explanatory Memorandum**

**SUMMARY**

Claim Surcharge factors were revised for one and two Non-Weather claims. **The overall change in revenue with this filing is -1.0% for -\$47,159.**

**GENERAL RULE (GR) PAGES**

**GR-10    4.h. Premium Adjustments – Claim Surcharge** – Factors were revised for one and two Non-Weather claims.

**SHELTER MUTUAL INSURANCE COMPANY  
ARKANSAS  
HOMEOWNERS, FARMOWNERS, PLATINUM SHIELD & MOBILE HOMEOWNERS  
CLAIMS SURCHARGE COMPARISON**

**CURRENT**

Number of Claims	Non-Weather				
Weather	0	1	2	3	4+
0	0	30%	85%	85%	85%
1	0	30%	85%	85%	85%
2	0	30%	85%	85%	85%
3	0	30%	85%	85%	85%
4+	0	30%	85%	85%	85%

**PROPOSED**

Number of Claims	Non-Weather				
Weather	0	1	2	3	4+
0	0	15%	50%	85%	85%
1	0	15%	50%	85%	85%
2	0	15%	50%	85%	85%
3	0	15%	50%	85%	85%
4+	0	15%	50%	85%	85%